



GEORGIA DEPARTMENT OF BANKING AND FINANCE
2990 Brandywine Road, Suite 200
Atlanta, Georgia 30341-5565
770-986-1633



“GAPS” IN-STATE FINGERPRINT PROCESSING

The Georgia Applicant Processing Service (GAPS)

The Georgia Bureau of Investigation (GBI) is now providing electronic fingerprint submission services for licensee and management applicants in the State of Georgia. The **Georgia Applicant Processing Services (GAPS)** decreases the need for agencies/businesses to submit hardcopy fingerprint cards and provides the ability for applicants to have fingerprint backgrounds checks processed electronically in a non-criminal justice environment.

GAPS provides fixed office locations throughout the state so that Georgia residents will not have to travel more than 25 miles to a GAPS office. See [Print Locations](#). [If you are an out-of-state resident, please click here.](#)

Electronic submission of fingerprint images will involve the use of a Cogent **Livescan** machine. Notifications of the search results are forwarded from the GBI/FBI to Cogent Systems, which electronically disseminates the search results to the Department.

The **processing fee for licensing requests** is set by GAPS and is payable by the applicant at the GAPS Print Location. **Please refer to the GAPS website for the current fee amount.** Only money orders are accepted for payment.

Please follow these instructions to provide fingerprint card/criminal history information to the Department to complete your application process. The Department will enter the required transaction information. Submit the attached Applicant Registration form via fax or email to the following:

- Submit personal identifying information to the Department – Use attached **Applicant Registration Form**.
- Submit **GAPS Waiver/Acknowledgement Form** to the Department – Use attached **Acknowledgement Form**.
- Fax or scan and e-mail both documents to the Department as noted below.
- The Department will enter the registration information online and send you a **Registration ID Number**.
- Applicant **then** contacts a GAPS **Print Location** of your choice to make an appointment or verify hours of operation.
- Requirements for completing prints at the chosen GAPS location are: payment (money order payable to **Cogent Systems – GAPS**), photo ID, and Department supplied **Registration ID Number**.
- Once prints are taken, the Department will receive the results. Please e-mail the Department to let us know the process has been completed and to expect the results.

Why do you need a background check?	Submit completed Applicant Registration and Acknowledgement Forms via fax or email:	Please email the Department after fingerprinting:
I want to be an owner or control person for a mortgage broker or lender company .	Fax: (770) 986-1029 Email: dbfmort@dbf.state.ga.us	dbfmort@dbf.state.ga.us
I want to be an owner or control person for a sale of check or money transmitter company .	Fax: (770) 986-1655 Email: msb@dbf.state.ga.us	msb@dbf.state.ga.us

**APPLICANT INFORMATION***** Required Fields**

DATE & REASON FOR FINGERPRINTING	
COMPANY (APPLICANT) NAME	
COMPANY LICENSE NUMBER (if applicable)	
COMPANY NMLS NUMBER (if applicable)	
Personal Information	
Last Name *	
First Name *	
Middle Name	
Suffix (Jr, Sr., ...)	
Date of Birth *	
Place of Birth *	
SSN (no dashes)	
Sex *	
Race *	
Eye Color *	
Hair Color *	
Height *	
Weight *	
Country of Citizenship	
Driver's License No.	
Driver's License State	
Address	
City	
State	
Zip	
Phone #	
Email address	
Choose Type Transaction (Check)	<input type="checkbox"/> Money order (Payable to COGENT SYSTEMS-GAPS) Fee: Set by GAPS



COGENT  SYSTEMS
Georgia Applicant Processing Services

Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

By: _____

Date: _____